

Fill in this information to identify your case and this filing:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</u>			
Case number	<u>20 B 16830</u>		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

4121 Judd Ave

Street address, if available, or other description

Schiller Park IL 60176-1835

City State ZIP Code

Cook

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$231,594.00

Current value of the portion you own?

\$231,594.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Single Family Residence

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$231,594.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

Debtor 1

Daddosio, Peter

Case number (if known)

20 B 16830**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

General household goods and furnishings

\$1,500.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

Misc. Electronics

\$750.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

general wearing apparel

\$500.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No
 Yes. Describe.....

13. Non-farm animals*Examples:* Dogs, cats, birds, horses

- No
 Yes. Describe.....

Debtor 1 Daddosio, Peter

Case number (if known)

20 B 16830**14. Any other personal and household items you did not already list, including any health aids you did not list**

- No
 Yes. Give specific information....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,750.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- No
 Yes.....

Cash \$30.00

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

- No
 Yes..... Institution name:

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

- No
 Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No
 Yes. Give specific information about them.....

Name of entity:	% of ownership:
CGI Construction LLC	
Service Corporation performing concrete services	100.00 %
	no par value

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No
 Yes. List each account separately.
 Type of account: Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No
 Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- No
 Yes..... Issuer name and description.

Debtor 1 Daddosio, Peter

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

Debtor 1 Daddosio, Peter

Case number (if known)

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35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$30.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe.....

Misc. Concrete Tools

\$1,500.00

41. Inventory

- No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

- No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- No.
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.....

44. Any business-related property you did not already list

- No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$1,500.00

Debtor 1

Daddosio, Peter**20 B 16830**

Case number (if known)

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

Concrete Guys Inc., dissolved corporation Secured Debts exceed value of property owned	\$0.00
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54. Add the dollar value of all of your entries from Part 7. Write that number here**\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2	\$231,594.00
56. Part 2: Total vehicles, line 5	\$0.00
57. Part 3: Total personal and household items, line 15	\$2,750.00
58. Part 4: Total financial assets, line 36	\$30.00
59. Part 5: Total business-related property, line 45	\$1,500.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
+	
62. Total personal property. Add lines 56 through 61...	\$4,280.00
	Copy personal property total
	\$4,280.00
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$235,874.00

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106C**Schedule C: The Property You Claim as Exempt**

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
General household goods and furnishings Line from <i>Schedule A/B</i> 6.1	\$1,500.00	<input type="checkbox"/> \$1,500.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
Misc. Electronics Line from <i>Schedule A/B</i> 7.1	\$750.00	<input type="checkbox"/> \$750.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
general wearing apparel Line from <i>Schedule A/B</i> 11.1	\$500.00	<input type="checkbox"/> \$500.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
Cash Line from <i>Schedule A/B</i> 16.1	\$30.00	<input type="checkbox"/> \$30.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
CGI Construction LLC Service Corporation performing concrete services Line from <i>Schedule A/B</i> 19.1	Unknown	<input type="checkbox"/> \$1,720.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	

Debtor 1 **Daddosio, Peter**

Case number (if known)

20 B 16830

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Misc. Concrete Tools Line from Schedule A/B: 40.1	\$1,500.00	<input type="checkbox"/> \$1,500.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(d)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Mr. Cooper

Creditor's Name

**Attn: Bankruptcy
8950 Cypress Waters
Blvd
Coppell, TX 75019-4620**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**4121 Judd Ave, Schiller Park, IL
60176-1835
Single Family Residence**

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$306,805.00	\$231,594.00	\$75,211.00

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Date debt was incurred **2007-03**

Last 4 digits of account number **5690**

Debtor 1 **Peter Daddosio**

First Name Middle Name Last Name

Case number (if known)

20 B 16830

2.2 Strategic Funding Source, Inc.

Creditor's Name

**120 W 45th St Fl 4
New York, NY
10036-4195**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

Misc. non-exempt personal property

unknown

unknown

unknown

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) _____

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$306,805.00

If this is the last page of your form, add the dollar value totals from all pages.

\$306,805.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code
Nationstar/mr Cooper
8950 Cypress Waters Blvd
Coppell, TX 75019-4620

On which line in Part 1 did you enter the creditor? 2.1

Last 4 digits of account number 5690

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	Last 4 digits of account number	\$3,300.00	\$3,300.00	\$0.00
Illinois DOR	Priority Creditor's Name	When was the debt incurred?		
Bankruptcy	Unit UNIT Box 19035			
Springfield, IL 62701	Number Street City State Zip Code			
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
<input checked="" type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations			
Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			

Debtor 1 Daddosio, Peter

2.2	Priority Creditor's Name	Last 4 digits of account number	\$11,600.00	\$11,600.00	\$0.00
IRS PO Box 7346 Philadelphia, PA 19101-7346					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Part 2: List All of Your NONPRIORITY Unsecured Claims					
3. Do any creditors have nonpriority unsecured claims against you?					
<input type="checkbox"/> No. You have nothing to report in this part. Submit this form to the court with your other schedules. <input checked="" type="checkbox"/> Yes.					
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.					
4.1	Nonpriority Creditor's Name	Total claim			
Avalon Petroleum 7326 Eagle Way Chicago, IL 60678-0073					
Number Street City State Zip Code					
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____					

Debtor 1 Daddosio, Peter

Case number (if known)

4.2 Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code	Last 4 digits of account number <u>7725</u> \$10,492.00 When was the debt incurred? <u>2015-01</u> As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes
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4.3 Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code	Last 4 digits of account number <u>5040</u> \$59.00 When was the debt incurred? <u>2011-09</u> As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes
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4.4 Capital One/Helzberg Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code	Last 4 digits of account number <u>5111</u> \$4,046.00 When was the debt incurred? <u>2017-09</u> As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u> <input type="checkbox"/> Yes
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Debtor 1 Daddosio, Peter

4.5

Citi/Sears

Nonpriority Creditor's Name

Citibank/Centralized Bankruptcy
PO Box 790034
Saint Louis, MO 63179-0034

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify Revolving account
 Yes

Last 4 digits of account number

2205\$5,832.00

When was the debt incurred?

2016-04

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

- Other. Specify Revolving account

4.6

Citibank North America

Nonpriority Creditor's Name

Citibank Corp/Centralized Bankruptcy
PO Box 790034
Saint Louis, MO 63179-0034

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify Revolving account
 Yes

Last 4 digits of account number

7385\$422.00

When was the debt incurred?

2017-03

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

- Other. Specify Revolving account

4.7

Citibank/Best Buy

Nonpriority Creditor's Name

Citicorp Credit Svrs/Centralized Bk dept
PO Box 790034
Saint Louis, MO 63179-0034

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No Other. Specify Revolving account
 Yes

Last 4 digits of account number

2680\$1,189.00

When was the debt incurred?

2013-12

As of the date you file, the claim is: Check all that apply

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Type of NONPRIORITY unsecured claim:

- Other. Specify Revolving account

Debtor 1 Daddosio, Peter

Case number (if known)

4.8	Comcast Business Nonpriority Creditor's Name <hr/> PO Box 4928 Oak Brook, IL 60522-4928 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u> </u> \$1,965.84 When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u>
4.9	Comenity Bank/Victoria Secret Nonpriority Creditor's Name <hr/> Attn: Bankruptcy PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5891</u> \$419.00 When was the debt incurred? <u>2016-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>
4.10	Costco Anywhere Visa Card Nonpriority Creditor's Name <hr/> Attn: Bankruptcy PO Box 6500 Sioux Falls, SD 57117-6500 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0833</u> \$5,827.00 When was the debt incurred? <u>2017-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>

Debtor 1 Daddosio, Peter

Case number (if known)

4.11	<p>Dominic and Kaitlyn Palmieri Nonpriority Creditor's Name</p> <p>2559 Elm St River Grove, IL 60171-1616 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$16,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.12	<p>Financial Pacific Nonpriority Creditor's Name</p> <p>3455 S 344th Way Ste 300 Federal Way, WA 98001-9546 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Lease of Equipment _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$31,727.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.13	<p>Izzy & Associates Nonpriority Creditor's Name</p> <p>c/o Caine & Weiner 1699 E Woodfield Rd Ste 360 Schaumburg, IL 60173-4935 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contract for accounting services _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Daddosio, Peter

4.14	Joseph & Assoc., Ltd. Nonpriority Creditor's Name	Last 4 digits of account number	<u>6150.00</u>
	340 W Butterfield Rd Ste 2D Elmhurst, IL 60126-5042 Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Contract for accounting services</u>	

4.15	LendingClub Nonpriority Creditor's Name	Last 4 digits of account number	<u>6412</u>	<u>\$9,442.86</u>
	Attn: Bankruptcy 71 Stevenson St Ste 1000 San Francisco, CA 94105-2967 Number Street City State Zip Code	When was the debt incurred?	<u>2017-07</u>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>		

4.16	Mabt - Genesis Retail Nonpriority Creditor's Name	Last 4 digits of account number	<u>4288</u>	<u>\$2,030.00</u>
	Bankcard Services PO Box 4477 Beaverton, OR 97076-4401 Number Street City State Zip Code	When was the debt incurred?	<u>2012-11</u>	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans		
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>		

Debtor 1 Daddosio, Peter

Case number (if known)

4.17	Marcus by Goldman Sachs Nonpriority Creditor's Name Attn: Bankruptcy PO Box 45400 Salt Lake City, UT 84145-0400 Number Street City State Zip Code	Last 4 digits of account number <u>1540</u>	\$8,755.23
When was the debt incurred? <u>2017-07-05</u>			
As of the date you file, the claim is: Check all that apply			
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Installment account</u></p>			
4.18	Northwest Community Hospital Nonpriority Creditor's Name	Last 4 digits of account number <u>4503</u>	\$68.00
When was the debt incurred? <u>2019-10</u>			
As of the date you file, the claim is: Check all that apply			
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Open account</u></p>			
4.19	Onemain Financial Nonpriority Creditor's Name Attn: Bankruptcy PO Box 3251 Evansville, IN 47731-3251 Number Street City State Zip Code	Last 4 digits of account number <u>5770</u>	\$9,522.18
When was the debt incurred? <u>2017-07</u>			
As of the date you file, the claim is: Check all that apply			
<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input checked="" type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Installment account</u></p>			

Debtor 1 Daddosio, Peter

Case number (if known)

4.20	<p>Orkin Pest Control Nonpriority Creditor's Name</p> <p>PO Box 1415 Atlanta, GA 30301-1415</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>
4.21	<p>P & P Auto & Truck Nonpriority Creditor's Name</p> <p>235 E Adele Ct Villa Park, IL 60181-1208</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Contract for services performed on business vehicles</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$150,867.09</p> <p>When was the debt incurred? 1/13/2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.22	<p>SAMDAN OYUNTSETSEG Nonpriority Creditor's Name</p> <p>10225 Dearlove Rd # ROADAPT 101 Glenview, IL 60025-5208</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Judgment account opened 3/6/2020</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4344 <u>\$5,000.00</u></p> <p>When was the debt incurred? 03/06/2020</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 Daddosio, Peter

Case number (if known)

<p>4.23</p> <p>Synchrony Bank/Care Credit Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965064 Orlando, FL 32896-5064</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0571</u> \$3,331.00</p> <p>When was the debt incurred? <u>2015-08</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
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<p>4.24</p> <p>Synchrony/Ashley Furniture Homestore Nonpriority Creditor's Name Attn: Bankruptcy PO Box 965064 Orlando, FL 32896-5064</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Revolving account</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8805</u> \$911.00</p> <p>When was the debt incurred? <u>2016-09</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
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<p>4.25</p> <p>Technology Insurance Company Nonpriority Creditor's Name c/o Blitt & Gaines 661 Glenn Ave Wheeler, IL 60090-6017</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <u>Contract for workman's compensation insurance</u></p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$37,635.60</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
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Debtor 1 Daddosio, Peter

Case number (if known)

4.26	The Hartford Insurance Co Nonpriority Creditor's Name Bankruptcy 690 Asylum Ave Unit H02-R Hartford, CT 06155-0002 Number Street City State Zip Code	Last 4 digits of account number _____ unknown
	When was the debt incurred? _____	
	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____	
	<input type="checkbox"/> Yes	
4.27	Yellow Pages Nonpriority Creditor's Name PO Box 40506 Jacksonville, FL 32203-0506 Number Street City State Zip Code	Last 4 digits of account number _____ \$1,832.00 When was the debt incurred? _____
	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Contract for business services	
Part 3: List Others to Be Notified About a Debt That You Already Listed		
<p>5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.</p>		
Name and Address Best Buy/Cbna PO Box 6497 Sioux Falls, SD 57117-6497		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number 2680
Name and Address Cap1/hlzbgb PO Box 30253 Salt Lake City, UT 84130-0253		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number 5111
Name and Address Capital One 15000 Capital One Dr Richmond, VA 23238-1119		On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
		Last 4 digits of account number 7725
Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?		

Debtor 1 **Daddosio, Peter**

Case number (if known)

Capital One
15000 Capital One Dr
Richmond, VA 23238-1119Line 4.3 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5040Name and Address
Cbna
50 NW Point Blvd
Elk Grove Village, IL 60007-1032

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7385Name and Address
Citi
PO Box 6190
Sioux Falls, SD 57117-6190

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0833Name and Address
Comenitybank/victoria
PO Box 182789
Columbus, OH 43218-2789

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5891Name and Address
Gs Bank USA
PO Box 45400
Salt Lake City, UT 84145-0400

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1540Name and Address
Harris & Harris Ltd
111 W Jackson Blvd
Chicago, IL 60604-3589

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4503Name and Address
Lending Club Corp
71 Stevenson St Ste 300
San Francisco, CA 94105-2985

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6412Name and Address
Onemain
PO Box 1010
Evansville, IN 47706-1010

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5770Name and Address
Samdan Oyuntsetseg

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4344Name and Address
Sears/Cbna
PO Box 6217
Sioux Falls, SD 57117-6217

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2205Name and Address
Synccb/ashley Homestore
950 Forrer Blvd
Kettering, OH 45420-1469

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8805

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Daddosio, Peter**Syncb/Care Credit**C/o
PO Box 965036
Orlando, FL 32896-5036Line 4.23 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0571

Name and Address

Tbom - Genesis Retail
PO Box 4499
Beaverton, OR 97076-4499

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4288**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

	Total Claim
6a. Domestic support obligations	\$ 0.00
6b. Taxes and certain other debts you owe the government	\$ 14,900.00
6c. Claims for death or personal injury while you were intoxicated	\$ 0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	\$ 0.00
6e. Total Priority. Add lines 6a through 6d.	14,900.00

Total claims from Part 2

	Total Claim
6f. Student loans	\$ 0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	\$ 0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	\$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	\$ 323,514.51
6j. Total Nonpriority. Add lines 6f through 6i.	323,514.51

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property(Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for			
2.1	Name	Number	Street	City	State	ZIP Code
2.2	Name	Number	Street	City	State	ZIP Code
2.3	Name	Number	Street	City	State	ZIP Code
2.4	Name	Number	Street	City	State	ZIP Code
2.5	Name	Number	Street	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

- Schedule D, line _____
 Schedule E/F, line 4.1
 Schedule G _____
Avalon Petroleum

3.2 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

- Schedule D, line _____
 Schedule E/F, line 4.2
 Schedule G _____
Capital One

3.3 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

- Schedule D, line _____
 Schedule E/F, line 4.5
 Schedule G _____
Citi/Sears

Debtor 1 **Daddosio, Peter**

20 B 16830

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.6
 Schedule G _____
Citibank North America

3.5 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.7
 Schedule G _____
Citibank/Best Buy

3.6 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.8
 Schedule G _____
Comcast Business

3.7 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.12
 Schedule G _____
Financial Pacific

3.8 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 2.1
 Schedule G _____
Illinois DOR

3.9 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 2.2
 Schedule G _____
IRS

3.10 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.13
 Schedule G _____
Izzy & Associates

3.11 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line 4.14
 Schedule G _____
Joseph & Assoc., Ltd.

Debtor 1 **Daddosio, Peter**

20 B 16830

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.12 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line **4.15**
 Schedule G _____
LendingClub

3.13 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line **4.21**
 Schedule G _____
P & P Auto & Truck

3.14 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line **2.2**
 Schedule E/F, line _____
 Schedule G _____
Strategic Funding Source, Inc.

3.15 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line **4.25**
 Schedule G _____
Technology Insurance Company

3.16 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line **4.26**
 Schedule G _____
The Hartford Insurance Co

3.17 **Concrete Guys Inc., dissolved Corp**
4121 Judd Ave
Schiller Park, IL 60176-1835

Schedule D, line _____
 Schedule E/F, line **4.27**
 Schedule G _____
Yellow Pages

Fill in this information to identify your case:

Debtor 1	Peter Daddosio
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION
Case number (If known)	20 B 16830

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

Construction

Employer's name

CGI Construction LLC

Employer's address

**4121 Judd Ave
Schiller Park, IL 60176-1835**

How long employed there?

5 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$ N/A
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	4. \$ 0.00	\$ N/A

Debtor 1 **Daddosio, Peter**

20 B 16830

Case number (if known)

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ 0.00	\$ N/A
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 0.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 3,322.67 *	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify: Regular Support from Family/Friends is currently received to pay the difference between income and expenses	8h.+ \$ 853.33 **	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 4,176.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 4,176.00 + \$ N/A	= \$ 4,176.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 4,176.00	
13. Do you expect an increase or decrease within the year after you file this form? No. <input checked="" type="checkbox"/> Yes. Explain: The Debtor works in the concrete business which is seasonal from approximately March to November	Combined monthly income	

*Debtor is self-employed through his LLC, with income and expenses varying on a month to month basis.

**Assistance from family and friends is currently received in an amount to cover the Debtor's necessary household expenses and varies depending on his monthly income.

Fill in this information to identify your case:

Debtor 1	Peter Daddosio
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION
Case number (If known)	20 B 16830

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Do not state the
dependents names.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the
value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,326.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	50.00
4d. \$	0.00
5. \$	0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 Daddosio, Peter

Case number (if known)

20 B 16830

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>175.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>	
6d. Other. Specify: _____	6d. \$ <u>0.00</u>	
7. Food and housekeeping supplies	7. \$ <u>450.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>20.00</u>	
10. Personal care products and services	10. \$ <u>40.00</u>	
11. Medical and dental expenses	11. \$ <u>25.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>260.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>0.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>100.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>IRS Payment</u>	16. \$ <u>200.00</u>	
Specify: <u>State of Illinois Depart. Revenue</u>	\$ <u>200.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>980.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>	
19.		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>4,176.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,176.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,176.00</u>	
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>4,176.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,176.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>0.00</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Peter Daddosio		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	20 B 16830		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Peter Daddosio
Signature of Debtor 1

X

Signature of Debtor 2

Date October 9, 2020

Date _____